

OPENING THE CONVERSATION: AN INVESTIGATION INTO THE INTERFACE OF
DRAMA THERAPY, INTERGENERATIONAL TRAUMA, AND ABORIGINAL YOUTH OF
CANADA

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ABSTRACT

OPENING THE CONVERSATION: AN INVESTIGATION INTO THE INTERFACE OF DRAMA THERAPY, INTERGENERATIONAL TRAUMA, AND ABORIGINAL YOUTH OF CANADA

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This research paper aims to summarize an investigation that the researcher carried out by exploring the question: How can Intergenerational Trauma experienced by Aboriginal Youth be addressed within the context of Drama Therapy? The paper includes a literature review on the fundamental elements of Drama Therapy as a modality, trauma experienced as an intergenerational phenomenon, and an existing snapshot of Aboriginal youth in Canada from a historical-bibliographical lens. A discussion of intersections between the triangulation of population (Aboriginal Youth), issue (Intergenerational Trauma), and potential intervention (Drama Therapy) is then presented. This is followed by recommendations for moving forward with the momentum for action in this proposed scenario. The goal of this research seeks to yield an understanding of the need for such an intervention to exist and to provide a basis of rationale for the motivation of potential stakeholders to pursue such interest. Further, the researcher strives toward an illumination of the significance of contribution from the Creative Arts Therapies in the conversation and incentive for change concerning the findings from the Truth and Reconciliation Commission of Canada in this vein.

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Chapter 1. Introduction

There is a prominent need for ongoing intervention to address the systemic discrimination that the Aboriginal peoples of Canada face. The current climate in Canada has sought to reconcile the past traumas that Aboriginal peoples have experienced, most notably through the Truth and Reconciliation Commission of Canada (2015). This body and their concluding research offerings have worked to provide a platform for the healing of Aboriginal peoples to be offered through levels that address health, politics, social interactions, vocational occupations, and overall quality of life. Following the release of the executive report of these findings, there is a basis by which to justify, quantify, and provide for Aboriginal peoples as they continue to search for their lost identity (Truth and Reconciliation Commission of Canada, 2015). Specifically, Aboriginal Youth speak to the hope for new life and potential to seek a better tomorrow. The time for action is here.

Drama Therapy is an innovative and useful form of client-centered health care practice. It seeks to achieve therapeutic goals through the intentional use of dramatic art in an informed, contained, and safe environment. Drama Therapy can be experienced through many different interventions and techniques, for groups or individuals, for both long- and short-term placements. Though Drama Therapy is both a young and eclectic field, it's offerings for clients and it's openness allow for great potential in healing, creation, and exploration. Drama Therapy has superior ability to address the core of health and wellness issues, in terms of both functional and explorative therapeutic goals.

Our experiences in life constantly shape our understanding of the world around us. When our systems are overwhelmed with extraordinary circumstances, trauma might ensue. Trauma works as a control of the mind and body. It can be seen in many contexts and on chronic and acute scales. We can experience trauma as an individual or as a society and through direct or indirect experience. Intergenerational Trauma involves the effects of past traumas on a current population, often one which has not had the safe space or opportunity for a healing experience. "When we are unable to liberate these powerful forces, we become victims of trauma. In our often unsuccessful attempts to discharge these energies, we may become fixated on them" (Somatic Experiencing Trauma Institute, 2015, "Waking the Tiger Chapter 1", para. 20).

The significance of this research project will be a rigorous investigation of the potential application of Drama Therapy theory, as well as current intervention approaches to the research

question: How can Intergenerational Trauma experienced by Aboriginal Youth be addressed within the context of Drama Therapy? To address this question, I will deeply examine the interface of three subjects; Drama Therapy, Aboriginal Youth and Intergenerational Trauma, with the intent of developing a vehicle where the passed-down trauma of residential schools, prejudice, and shame can be explored through a contained, therapeutic lens. Following, a discussion of the triangulation and points of interconnection will ensue. Recommendations for a model of intervention where Aboriginal Youth have a platform to express their experiences with Intergenerational Trauma will then be provided. Finally, suggestions of an intervention to work towards the greater goal of creating a safe space for respect, diversity, and dialogue in Canada will be provided. The aim of this project is to establish a platform from which to build a Drama Therapy intervention that can heal the Intergenerational Trauma experienced by Aboriginal Youth, today.

Chapter 2. Methodology

My research question “How can Intergenerational Trauma experienced by Aboriginal Youth be addressed within the context of Drama Therapy?” emerged after my original question - “How can a Drama Therapy intervention, informed by Volkas’ “Healing the Wounds of History,” be developed for Aboriginal Youth to address Intergenerational Trauma?” – was evaluated and found to be premature. To meet myself appropriately as a researcher and an emerging Drama Therapist, I needed to first set a platform of knowledge to be able to create such an intervention. This knowledge platform is intended to be created through this investigation to provide a foundation for future explorations. This research question will be expanded through a theoretical research format. As a methodology, theoretical research looks “beyond the scope of a term paper or merely identifying the ideas of others” (Concordia University, 2015, p. 7) and works to draw connections, establish links, and create contextual relevancy. Theoretical methodology is the most appropriate way to address my research question because it will allow me to set a knowledge platform that looks at the full scope of resources, in order to analyze and synthesize appropriate literature findings.

Metzl (2008) outlines that in theoretical explorations of Art Therapy research, general themes of exploration are history, philosophical constructs, theory formation, and usage in other cultures and traditions (p. 68). Combining components of both historical-documentary and bibliographical research will be used to guide my inquiry. This created approach will herein be referred to as historical-bibliographical. As a research classification, historical-bibliographical speaks to the integration of two theoretical styles that are found to be the most suited towards my research objectives. In historical-documentary method, there is “a writing of an integrated narrative about a topic based on critical analysis and synthesis of sources” (Concordia University, 2015, p. 7). With intentions to organize and structure, the bibliographical method will be incorporated to collect, analyze, and synthesize (Concordia University, 2015, p. 7). Searching the written documents of history will provide a context for deeper analysis of all the issues. This is appropriate given the emphasis on the current climate of Canada and the integration of past history experienced by Aboriginal peoples in major works as released by the Truth and Reconciliation Commission (TRC) of Canada (2015). This will aid in allowing for clear identification and articulation of prospects of future usage.

In this research, I will aim to bring together Drama Therapy, Intergenerational Trauma, and the Aboriginal Youth population by “writing not separate or illustrative of each other but interconnected and woven through each other to create additional and/or enhanced meanings” (McNiff, 2008, p. 516). How do we define an Aboriginal person? What are some documentation of significant events that they have gone through as a population? What are pivotal moments in the formation of Canada that have given them a distinct identity? What constitutes trauma and where do we identify events as having a traumatic impact in their history? This will pave the way for developing an understanding and aid my research to address areas of concern and significance.

Like any research, there are many ethical considerations that I must take to heart when formulating, discovering, and reporting my research. Starting with the research question, we must acknowledge that the researcher immediately presents the assumption of a prevalence of Intergenerational Trauma in Aboriginal Youth. This bias assumes that the population is vulnerable or identifies with certain accounts of history. For example, the development of reservations and assimilation of Aboriginal culture into a more ‘Western’, ‘Christian’, or ‘European’ context could be construed as a projected bias of trauma. As researcher, I will aim to articulate and locate clear justification through reputable, published sources of literature, to qualify this research question as being an appropriately placed statement of inquiry.

It is significant to express a personal investment in position as a researcher by clearly self-identifying. I am an Aboriginal Youth, with Aboriginal lineage that is manifested in my membership with the Métis Nations of Alberta. By stating that I identify with the target population, I acknowledge that I am in a position of power as researcher and author. It is important to articulate that the stance of power in ownership of this material presents the potential to manipulate information in order to develop sympathy in the reader or a false sense of importance or urgency over the research question itself. However, being of Métis heritage also presents the unique opportunity to hold both sides of the story of colonization, as it were, with a significant amount of cultural background being from European descent as well. Disclosing my identity as being an Aboriginal person also serves as a complication, in that readers may assume or desire that I speak for the entirety of Aboriginal peoples and their experience. Identification with the target population could also be misconstrued as an inability to frame Intergenerational Trauma, Aboriginal Youth and Drama Therapy in a subjective way. This potential assumption,

that the research has a definite agenda, is not taken lightly and will aim to be addressed through transparency and empathy towards all groups involved in the discussion presented.

When speaking to data collection, the historical-bibliographical method will look at collecting official historical documents, including legislation, statistics, and accounts of past experiences to address my research question. It will be appropriate to note that because Aboriginal Youth will be addressed as the population, we must set the context of Aboriginal peoples in literature to establish the significance of their historical plot points. As this research does not seek to offer complete accounts and retellings of history, but rather to synthesize and collect a holistic snapshot, specific articles may be referenced for further examination on the readers' own accord to deepen their understanding. In order to ground in theory, it is appropriate to gather scholarly articles and written works that express how the clinical community understands Trauma, and even more specifically, Intergenerational Trauma. The researcher will present a background of Drama Therapy through a lens of materials gained through a two-year Masters educational training program, as well as contemporary sources of publication.

The literature and material used in this research will seek to provide the most relevant and up-to-date presentation. Articles will be selected through their relevancy in pursuit of gaining a holistic picture. The significance of material will be determined by the researcher in regards to its relevancy to the triangulation of population, issue, and intervention approach. Additional function of literature will be to provide insight towards potential gains and consequence of any action or lack thereof. The setting of stage for intervention will draw upon painting a portrait of modern experiences of the Aboriginal population, working towards a specific focus on Aboriginal Youth. These will be found in a variety of locales, including popular media online and in print, Statistic Canada archives, Government of Canada sources, and scholarly library databases. I will not be creating any data, excluding my final product of a paper, but rather synthesizing existing sources and drawing connections, if any, that work to illuminate my research objectives of triangulation between Drama Therapy as an intervention method, Aboriginal Youth as a population, and Intergenerational Trauma as the issue being targeted.

Chapter 3. Literature Review

Drama Therapy

Why would Drama Therapy be an appropriate intervention method to use when taking into account treatment, prevention, and healing of an entire socio-cultural group? To address this question we must first look to understanding what Drama Therapy is. This is a question that often plagues the minds of the emerging therapist, struggling to grasp how to explore and articulate what this stream of Creative Arts Therapies represents. To start, we will provide three definitions from experts and associations in the field to give a frame for a working model of our understanding of Drama Therapy.

(1) “Dramatherapy is a form of psychological therapy in which all of the performance arts are utilised within the therapeutic relationship. Dramatherapists are both artists and clinicians and draw on their trainings in theatre/drama and therapy to create methods to engage clients in effecting psychological, emotional and social changes. The therapy gives equal validity to body and mind within the dramatic context; stories, myths, playtexts, puppetry, masks and improvisation are examples of the range of artistic interventions a Dramatherapist may employ. These will enable the client to explore difficult and painful life experiences through an indirect approach.” (The British Association of Dramatherapist, 2015)

(2) “Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is active and experiential. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced.

Participants can expand their repertoire of dramatic roles to find that their own life roles have been strengthened.” (The North American Drama Therapy Association, 2015)

(3) “Dramatherapy is involvement in drama with a healing intention. Dramatherapy facilitates change through drama processes. It uses the potential of drama to reflect and transform life experiences to enable clients to express work through problems they are encountering or to maintain a client’s well-being and health.” (Jones, 2007, p. 9)

Dr. Phil Jones, British academic and Drama Therapist, articulates a common thread between many definitions of Drama Therapy as being one where there is a merging of theatre

and healing. This may be the most general way to articulate a concrete definition of what Drama Therapy is without springboarding specific theory explanation or theoretical approaches. What is intrinsic throughout all Creative Art Therapies is that art, its creation, presentation, and life, is healing. The field of psychology looks at understanding the human experience and, more precisely, the processes by which individuals make sense of their world and themselves. The working through of human problems, both on a group and individual level, can be addressed by intersection of understanding humans – psychology- and an explorative, healing process – in this case, art - vis-à-vis Drama Therapy.

The British Association of Dramatherapists (BADth) describes in their definition (1) Drama Therapy as therapy that all performance arts can be used in. This has the potential to include music, dance, theatre action, and illustrative and sculpture art creation. The exemplars that are provided for artistic intervention involve the process of projection, specifically dramatic projection, to articulate a therapeutic theme or conflict. Dramatic projection, as outlined in *Drama as Therapy* (2007), is one of the core processes in Drama Therapy where “projection involves the placing of aspects of ourselves or our feelings into other people or things” (Jones, 2007, p. 137). Jones sees the aspect of the client being projected into dramatic material or into enactment, aiding the client in the externalization of internal conflicts. Once something is externalized in a dramatic process, the accessibility to the content becomes live and the relationship can grow outside of oneself.

The North American Drama Therapy Association (NADTA) articulates in their definition (2) of Drama Therapy that the therapeutic process is active and experiential. The concept of life roles is introduced here. Life roles and their ability to be expanded in a tangible dramatic process have been widely explored by American Drama Therapist Robert Landy in his ‘Role Theory’ (Landy, 2008). Here, humans are seen as having a variety of facets that are all aspects of the same self, that are played out in different situations according to their contextual appropriateness in an adaptive or explorative nature. These roles are always changing and have the ability to not only interact within the psyche but also in society.

One way to identify a Drama Therapeutic approach is to evaluate if the core processes of Drama Therapy are present or not. As articulated by Dr. Jones, Drama Therapy has several evident and intrinsic aspects that can serve as a reminder of what a Drama Therapy practice is in theory and experience. These eight core processes are “dramatic projection; dramatherapeutic

empathy and distancing; role playing and personification; interactive audience and witnessing; embodiment: dramatizing the body; playing; life-drama connection; and transformation” (Jones, 2007, p. 81). These are what make Drama Therapy, *Drama Therapy*. Briefly, we are now going to examine definitions of these processes in the following paragraphs to put definition to concept and enhance our understanding of the significance and fundamental nature of the eight core processes in Drama Therapy.

Dramatic projection involves an outward expression of an internally held state onto dramatic material or content. Jones states (p. 8) that the area of phenomenon in this process is the “vital relationship between inner emotional states and external forms and presences.” This relationship between creator and created works as a way to have an intimacy and connection to the drama. The second process, dramatherapeutic empathy and distancing, looks at the fostering of emotional involvement, identification, and resonance with the dramatic work. This component, of empathizing with the material, is then enhanced with distancing self from material, aiming to encourage thought, reflection, and perspective (Jones, 2007, p. 95).

Role playing and personification looks at the acts of representing something by using objects or the self, dramatically (Jones, 2007, p. 95). This is done by giving human-like qualities to materials or creating dramatic representations in a therapeutic context. Interactive audience and witnessing involves the act of being a witness to the process put forth by oneself or others, where the shift from audience to actor can act as a pivotal point for change, enabling insight and perspective (Jones, 2007, p. 102). In the dramatizing of the body, embodiment is used on an unconscious and conscious level as a means of connection and communication between the self and other (Jones, 2007, p. 113).

Play is a crucial component of Drama Therapy where there is negotiation of mastering and learning of both inner and outer reality, and a transformation in experiences of spontaneity to sort, solve, and resolve (Jones, 2007, p. 163). A liminal state occurs in life-drama connection where there is a transition of meaning between subjective and objective worlds of the user, allowing a translation of knowledge and understanding from specific to general circumstances (Jones, 2007, p. 118). Lastly, transformation in drama therapy is done through displacement of the ritual and transformation of real-life events into fictional representations. Through this, we can address the difference that it makes to bring your life to drama and discover how life can be transformed by drama (Jones, 2007, p. 119).

A Drama Therapist facilitates Drama Therapy. This clinician works from their personal expertise in theatre, improvisation, and dramatic knowledge to apply them to a healing context that works towards a client's therapeutic goals. They have a background in psychological theory and practice, particularly in counseling techniques. They are aligned with other Creative Arts and Psychotherapists, using theories of attachment, unconscious/conscious world perceptions, and symbolic, archetypal representations of life. They find inspiration through academic research, art creation, therapy and allied helping professions to create effective and targeted interventions from a lens of eclectic knowledge.

Drama Therapists work on a broad spectrum of techniques for their intervention approach. A Drama Therapist may choose to create a piece of new theatre, revisit a known folktale with a client, or embark on an unknown expedition with a group of improvisers. Other art techniques are added to enhance the therapeutic goals and the process of addressing them in a meaningful way for the client. An exploration can be a small object, like a dramatic prop or child's toy, or large and grandiose, like the identification and creation of an ideal world. Collectively or independently driven, working on a select theme or seeing where there are moments of connection and clarity, Drama Therapy enhances the potential of a person to go about in their own journey.

There is one major form of intervention, "Healing the Wounds of History" (Healing the Wounds of History, 2015; Volkas, 2009) that we will expand on upon for the purposes of this research, using it as an inspiration for Drama Therapy intervention specific to the issues we are discussing. However, there are several other different modes of intervention in Drama Therapy that we will now provide background for to add a more holistic view of understanding and purpose in this context. Specifically, we will now touch on Pam Dunne, a notable American Drama Therapist, and her 'Narradrama' process and application (Dunne, 2009; Leveton, 2010). "Narradrama, an action-oriented therapeutic approach, integrates narrative therapy with drama therapy...addresses all core processes of drama therapy; thereby addressing the wisdom not only of the mind but also of the body and the senses" (Leveton, 2010, p. 26). Dunne goes on to elaborate that "the stories of our lives are the framework through which we interpret life's events, and we can change our lives by the way which we interpret our stories and which stories we chose to privilege" (Dunne, 2009, p. 202). This is done through an exploration and reframing of the stories we tell, working towards a discovery of a new way of meaning creation through

telling more than a single story of victimization but an additional survivor story of strength, triumph, and resiliency. Through the Narradrama process, Dunne aims to aid clients in finding their power and ability to change their life by changing the stories they chose to perpetuate.

Armand Volkas, a practicing Drama Therapist and theatre professional from California, has developed a technique entitled “Healing the Wounds of History” (HTWOH) which uses drama and other Creative Arts Therapies to address collective trauma and intercultural conflict resolution (Healing the Wounds of History, 2015, “Our Work”, para. 2). Inspired by his personal experience as a descendent of survivors and resistance fighters from Auschwitz in the Second World War, Armand seeks to create a healing platform for seeing beyond the trauma and working to create new relations in the face of conflicts of cultural groups. Simply put, HTWOH, originally developed to address conflicts experienced by descendants of Jewish prisoners of war and German Nazi war perpetrators, has now been extended beyond this significant historic dilemma and has been used in contexts of many historical “enemies” to provide healing.

Though the intent of this research is to inform the reader of the practical applications of Drama Therapy within the context of the quest for prevention, treatment, and healing in Canada between Aboriginal Youth and the Intergenerational Trauma they experience, we look to HTWOH for guidance. It is highly recommended by the researcher that Volkas’s work be referred to as a seminal construct for any intervention that follows the recommendations of the TRC, released in June 2015 Truth and reconciliation Commission of Canada, 2015). While the potential intervention in this research does not aim to be for both the Aboriginal peoples of Canada and the respective colonizing group members, an understanding of the frame of HTWOH will help to create a foundation of equalization and lens of empathy towards all involved parties. The five main theories and principles, as outlined by Volkas (2009) in HTWOH, are now briefly noted:

(1) Collective trauma is a psychological state that is carried out in our psyches. This evolves into a collective narrative (Volkas, 2009).

(2) Transgenerational transmission of trauma is a real phenomenon. It is rarely addressed and given from parent to child as a burden of unexpressed grief (Volkas, 2009).

(3) Historical trauma has potential to impact negatively cultural, national identity, and self esteem(Volkas, 2009).

(4) HTWOH acknowledges and seeks to confront the potential perpetrator in all of us and see that under certain circumstances all have the capacity to enact in a dehumanizing and cruel manner (Volkas, 2009).

(5) There can be no permanent political solutions to intercultural conflict. The greater needs, emotions, and motives of an individual human being must be taken into consideration (Volkas, 2009).

In closing, it is recommended that HTWOH be practiced with a spirit of emotional generosity, learning, and self-reflectiveness (Volkas, 2009). In Volkas's work, the deconstructing of identity, collective emotional grieving, creation of a culture of empathy, and deriving meaning from suffering, all play equally important roles in defining his therapeutic objectives for justification of his intervention. This is done through a methodical intervention which involves the following six steps: breaking the taboo of silence; humanization of the other through stories; exploration and owning of potential perpetrator; grieving together; creation of integration performances and rituals of remembrance; and extending learning outwards. For in-depth expansion on the mandate and practice of HTWOH and Armand Volkas' work, please refer to *Healing the Wounds of History* (2015) and Volkas (2009).

Intergenerational Trauma

In order to reach a goal of understanding, we must further flesh out the concept of trauma, more specifically, Intergenerational Trauma, and what perspective we will identify with when addressing it. This would include a definition of trauma. Briefly, in lay terms, trauma is “an emotional response to a terrible event” (American Psychological Association, 2015). For our purposes, trauma will refer to the psychological phenomenon that accompanies the ‘terrible event’ rather than the actual moment of impact at event itself. To expand on this, we may add, “Traumatic symptoms are not caused by the ‘triggering’ event itself. They stem from the frozen residue of energy that has not been resolved and discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits” (Somatic Experiencing Trauma Institute, 2015, *Waking the Tiger*, para. 1). This comment aids in the justification of the psychological nature and the complexities of symptoms that one may experience after a traumatic occurrence in their lives.

The psychiatric community may respond to trauma with a diagnosis of posttraumatic stress disorder (PTSD). This is perhaps the most well known of the trauma- and stressor-related disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM5). In addition to PTSD, the other diagnosis that specifically speak to trauma-related stress are classified as reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder, adjustment disorder, other specified trauma- and stressor-related disorder, and unspecified trauma- and stressor-related disorder (American Psychiatric Association, 2013). Symptoms that are related to such diagnosis include significant distress related to intrusive and involuntary associations to event; avoidance of stimuli associated with the trauma; negative alterations in mood and cognition; and marked alterations in arousal and reactivity (American Psychiatric Association, 2015).

During a traumatic event, an individual may respond in one of three ways – flight, fight, or freeze. This is in response to the stressor; in this case, the traumatic event, and a reaction to intense experience of the emotion fear. “Fear is a basic emotion which functions to promote avoidance goals by assisting in escape from threats or defensive approach when avoidance is not an option... Depending on the situation, escape, avoidance, or attack may be required to successfully respond to danger” (Maack, Buchanan, & Young, 2014, p. 117). When one approaches such situation in flight, they are seeking to escape the fear. A response that would be in a self-defensive nature is where one chooses to fight the fear. Lastly, a freeze response would indicate an extreme avoidance where a person’s body may feign death or ‘freeze’ in shock and system overload. All of these responses - fight, flight, and freeze - occur in such a way that the body does so automatically in the trauma event.

Taking these definitions into consideration, we may inquire as to what constitutes a ‘trauma event’? This question seems to be a continuous area of study and interest in health care and related professions as the variety of instances where trauma occurs is being broadened over time, with both chronic and acute possibilities. The DSM5 attempts to concretize this in their criterion by distinction of a direct or indirect experience to exposure of event (American Psychiatric Association, 2015). A direct experience may include: war; physical or sexual violence/assault; terrorism; motor vehicle accidents; a serious medical injury or condition; natural or man-made disaster; and being witness to such events. Indirect experience includes

that affecting close relatives or friends where such incidents occurring are violent and accidental (American Psychiatric Association, 2015).

There is some speculation in the academic community that would argue with definitions, such as the following:

“The terms victimization or interpersonal trauma to refer to the range of maltreatment, interpersonal violence, abuse, assault, and neglect experiences encountered by children and adolescents, including familial physical, sexual, emotional abuse and incest; community-, peer-, and school-based assault, molestation, and severe bullying; severe physical, medical, and emotional neglect; witnessing domestic violence; as well as the impact of serious and pervasive disruptions in caregiving as a consequence of severe caregiver mental illness, substance abuse, criminal involvement, or abrupt separation or traumatic loss” (D’Andrea, Ford, Stolbach, Spinazzola, & Van der Kolk, 2012, p. 188).

Still, trauma events can be defined as simply as an overexertion experience to the body and it’s regular duties of homeostasis monitoring. “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life” (Centre for Nonviolence & Social Justice, 2015, para. 2). A more somatic understanding of trauma looks at Peter Levine for a definition of trauma and it’s subsequent events: “Trauma happens when the organism is strained beyond its adaptation capacity to regulate states of arousal. The traumatized nervous system disorganizes, breaks down and cannot reset itself. This manifests in global fixation, in a fundamental loss in the rhythmic capacity to self-regulate arousal, to orient, to be in the present, and to flow in life” (Foundation for Human Enrichment, 2007). Throughout all perspectives, the unifying threads seem to be an experience ‘out of the ordinary’ that takes the person(s) involved from order to an influx of disorder where it is extreme to modulate effects afterwards.

While it has been made clear that trauma can be experienced in many ways, specific to this research is the concept of Intergenerational Trauma. Schlumberg (1997) hypothesizes that, specifically in Intergenerational Trauma, the most critical event that affects lives can occur before someone is even born. Taking a closer look, sometimes there are occurrences in history when a whole group of peoples have been part of a traumatic event. These events can be an isolated incident, such as a tumultuous natural disaster that eliminates and destroys the entirety of a geographic area, or an ongoing state, such as that of a war or terrorism ruling where peoples

undergo the experience of the traumatic environment for days, weeks, or even years. When one of these ongoing event states occurs they often hit the landscape of the affected group's cultural identity after said trauma event. Because it has an impact on not only those directly experiencing the trauma but also their offspring, social interactions, and cultural narrative at a later time, we refer to this as Intergenerational Trauma.

“The effects of trauma experiences are often transmitted across generations, affecting the children and grandchildren of those that were initially victimized” (Bombay, Matheson, & Anisman, 2014, p. 6). In “Phenomenology and Psychobiology of the Intergenerational Response to Trauma,” there is an integration of both biological and psychotherapeutic spheres of trauma understanding when addressing a case specific to Holocaust survivors (Yehunda et al., 1998). Here, they suggest there is a genetic vulnerability for survivors of the Holocaust, specifically where children “acquiring symptoms that parents experience,” having vulnerability to future potential stressors and traumas. This supports that not only is the understanding of the history of a group changed from after a traumatic event, but the emotional and biological experiences of those people as they know it.

The continuation of the trauma effects being passed down represent a larger systemic influence than just residue of an event left on an individual sphere. Especially when there is a mass shared trauma event, the flight, fight, or freeze responses of survivors will have an effect on their functioning throughout the rest of their lives. Taking into account the definitions for constitution of a traumatic event provided by DSM5 for trauma- and stressor-related disorder, we see this idea of indirectness. One way of an indirect experience of trauma is that between a child and a caregiver. The issue of attachment speaks directly to trauma events, disorder, and intergenerational trauma. From here in, taking on a lens of attachment trauma, we will now explore why this relationship between generations has specific need for analysis.

Schore (2002) suggests that the body's ability to regulate in response to learnt behavior from primary attachment figures is essential for effective human development. When trauma is present, dysregulation can occur as a result of one's inability to adapt and modulate their body response, specifically parasympathetic and autonomic nervous systems are affected. Similarly, psychotherapy also values the importance of attunement with attachment figures to aid in the process of learning and validating one's emotional self (Fraiberg, Adelson, & Shapiro, 1975; Lieberman, Padron, Van Horn, & Harris, 2005). The process of attuning with a caregiver from

infancy allows the child to be validated in their life experiences and learn how to identify them correctly as they experiment throughout development. When trauma has occurred and the caregiver is not available for their child to nourish their experience in a healthy matter, trauma response is continued to be learnt by the child in lieu of environment attunement.

The idea that there are variety of consequences for a child to gain from their respective attachment figures emphasizes a personal sense of self that develops in relation to the other. This is suggested by multiple sources including “Angels in the nursery: The intergenerational transmission of benevolent parental influences” (Lieberman et al., 2005) and “Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships” (Fraiberg, Adelson, & Shapiro, 1975). If a trauma has not been explored then its effects are not able to be cared for adequately by the attachment figure. “In these instances, the immediacy of the parent’s visceral reaction takes precedence over the baby’s developmental needs” (Lieberman et al., 2005, p. 508). “The child, in turn, becomes frightened by a parental response that is incompatible with his or her own inner state and is left ill-equipped to understand and modulate feelings or to empathize with others” (Lieberman et al., 2005, p. 511).

The reason that these early attunement relationships and their responses become so impactful later on in life are because they set up the foundational blocks for the rest of development. “Winnicott (1967) said that when the child fails to find his/her emotional state mirrored, the child is likely to internalize the mother’s state as part of his/her own self. The child’s feeling is erased and the parent’s feeling is internalized. If this goes on for some time, the child will not have access to his or her own feelings and will become vulnerable to taking on the feeling states of others” (Hardnen, 2014, p.133). Being easily influenced by the states of others inhibits the child from creating a sense of self, separate from those around them. Now, living in a context where all children experience this dysregulation of attachment, it can be frightening to imagine what effects are wrecking havoc on the nervous systems, relationships, and experiences of that society.

This is Intergenerational Trauma. It is the collective history of peoples being relived. It is when the comforting arms of a parent are not available to their children because they themselves have not been held. For caregivers “who cannot remember his childhood feelings of pain and anxiety who will need to inflict his pain upon his child” (Fraiberg, Adelson, & Shapiro, 1975, p. 405). There is an inability to grieve the collective losses, violence, or disasters that have been

felt by many. Intergenerational Trauma is remaining in a frozen state where the body is unable to return to 'balance.' This leaves the survivors to adapt in the only ways that they know, in permanent repetitions of the trauma, of frozen states. There is little safety to speak and be seen, and seldom opportunity to heal. Rather, pain is the only thing felt by communities and generations of peoples.

Aboriginal Youth of Canada

In Canada, Aboriginal people are defined as “The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people - Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs” (Aboriginal Affairs and Northern Development Canada, 2012, para. 2). It is significant to recognize the ownership of the Aboriginal culture by all three distinct groups and to understand that these groups stem from their own narratives to come together in the collective on of the Aboriginal peoples of Canada. This is a respectful and acknowledged way of definition. From here in, we shall see that the term Aboriginal in this paper will work to encompass these identities unless a specific subset is recognized.

Statistics Canada (2013) put on record that “the Aboriginal identity population in Canada could be between 1.7 million and 2.2 million by 2031, representing between 4.0% and 5.3% of the total population.” This extends to results from the latest national census where “In 2006, an estimated 1.3 million people reported an Aboriginal identity. These populations accounted for 3.9% of the Canadian population” (Statistics Canada, 2013). Aboriginal peoples can be found as a demographic anywhere in Canada, from metropolitan cities to reservations. Standing at approximately 4% of the entire population, the Aboriginal peoples continue to rise in numbers as Canada history evolves. The Métis group has been cited as having the fastest annual growth rate out of the three distinct Aboriginal groups at 3.1%, hypothesized to be largely due to the basis of self-identification (Statistics Canada, 2013).

In relation to the overall population of Canada, the Aboriginal peoples are in a minority position, even as the native inhabitants of their land. Many racial minorities have been subject to unjust treatment through the process of othering, affecting social, political, and economic domains of life for those falling into these categories. Specifically, in countries such as South Africa (Hamber, 1995) and Australia (Gray, 1997; Herring, Spangaro, Lauw, & McNamara,

2013), there has been subjection of the Aboriginal groups native to the land in the process of colonization to ‘Western’ norms. In recent history, the Aboriginal minority group in Canada has sought various efforts in order to reconcile the Canadian Government’s previous errors in the treatment of its Aboriginal populations (City of Edmonton, 2014; Harper, 2008; The Truth and Reconciliation Commission of Canada, 2010; The Truth and Reconciliation Commission of Canada, 2015).

In 1876, the Government of Canada created *The Indian Act, 1876* (Aboriginal Affairs and Northern Development, 2015). This was done as a means to consolidate the Aboriginal population of Canada and establish formal negotiations between the European settlers and Aboriginal peoples. The two main domains in *The Indian Act, 1876* involved defining who would or would not be considered ‘Indian’ and how the ‘Indian’ peoples could operate. From here on, a reservation system was used as a means to define the territories of the Aboriginal peoples. The original mandate of the reserve system in Canada was to protect and “civilize” the Aboriginal peoples. As a response to this, the Canadian Government along with allied church organized created residential schools. The process of colonization was then seen, where the Aboriginals were made to adapt to European or ‘Western’ norms as it pertained to all spheres of life.

In practice, the reserve and residential school systems appeared to exploit and isolate members of the Aboriginal community (Poonwassie, 2006, p. 26). This led to a “loss of land culture and identity” (Finlay, Hardy, Morris, & Nagy, 2010, p. 245). As this paper does not seek to summarize all of the events of history in the colonization process, the author would like to refer to an extensive history account for further learning. We see the process of colonization as recorded by the Truth and Reconciliation Commission of Canada (2015), as being a relevant account of this historical information and the events that played out as consequence of the colonization of Aboriginal peoples of Canada in the 20th century.

The residential school system, reservation system, and colonization process have all been significant contributors in what we experience as Aboriginal peoples and their culture in present day Canada. Namely, the Aboriginal population has had a startling presence in indicators of extreme violence, high crime, poor health, and low socioeconomic status (Amnesty International Canada, 2014; Munch, 2013; Scrim, 2015; Statistics Canada, January 2008; Statistics Canada, October 2008). Though this story is problem-saturated, it can be seen that the Aboriginal

peoples of Canada have been subjects to great trauma and adversity in the past one and a half centuries. However, the uncovering of these traumas and their effects have only now been looked at in detail as a way to identify the barriers that Aboriginal peoples now face.

For example, one of the traumas experienced by the Aboriginal peoples is that of racism. Race can be analyzed and understood in a variety of ways. In Mayor (2012), the author recognizes a need to reframe the conversation of race away from that of one which accepts a post-racial society. Mayor encourages discussion in modes of play as an intervention to address race in pursuit of a potential role disruption in an otherwise repetitive cycle of racial stigma played out by society. Dosamantes-beaudry (1997) expresses the possibility of latency in the collective consciousness of society, one which patrols our racial areas of governance. She inquires in her research as to how this collective way of thinking is passed on and how it is similar to what we may see in an intergenerational model thought and values. In Levick's review (2008), the suggestion is made that society still lacks transparency in naming the normative racisms and micro-aggressions, using terms like "at-risk-youth" and "inner-city" to express a particular racial group. Regardless of how one may define race, there has been repeated bias against the Aboriginal peoples of Canada in society, solely based on the fact that they are Aboriginal.

Violent crimes committed against Aboriginal women and girls are greatly disproportionate than those of non-Aboriginal descent. There is a minimum 7 times higher national homicide rate seen than that of women who are not identifying as Aboriginal (Amnesty International Canada, 2014). Even more shocking, 60% of all missing women are Aboriginal despite only being 6% of the general population (Amnesty International Canada, 2014). Scrim (2015) identifies high rates of victimization for Aboriginal groups across spheres including significant disability rate over the general population, largely connected to incidence of Fetal Alcohol Spectrum Disorder, increased risk of HIV/AIDS, and incidents of sexual abuse. Here, Scrim (2015) identifies areas of connection and a prime state for these problems to emerge:

Research has identified a connection between certain demographic and social factors and an elevated risk of offending and/or victimization. These factors include being young (Lochner 2004), living in a lone-parent family situation (Stevenson et al. 1998), living common-law (Mihorean 2005), high levels of unemployment (Raphael and Winter-Ebmer 2001), and the consumption of alcohol (Vanderburg et al. 1995). All of these risk

factors are highly apparent in the demographic and social conditions of the Aboriginal population in Canada (Scrim, 2015).

These manifests across all age groups for Aboriginal peoples. Young people are no exception to this. There continues to be prevalence of systemic socioeconomic issues that remain in this group, such as suicide, crime, drugs and alcohol abuse. Youth are being effected more nowadays than ever before. In the youth correctional system, 34% of all females and 24% of males identified as being Aboriginal even though these youth only make up about 6% of the general population (Munch, 2013). The Aboriginal Children's survey (Statistics Canada, 2008) reported that "nearly half (49%) of off-reserve First Nations children under 6 years of age living in the provinces were in low-income families in 2006, compared with 18% of non-Aboriginal children."

Even in areas of achievement for youth, individuals in powerful positions perpetuate cycles of stigma stereotype towards Aboriginals. A recent illustration of this was published in July 2015 (Donnelly, 2015) on behalf of a Liberal Member of Parliament in British Columbia, where success was accredited to "sobriety, hard work, and education" for Aboriginal high school graduates. This statement chose to link success to stereotypes of substance abuse rather than that of academic aptitude or excellence and was received as an insult and a dismissal to the youth that it intended on celebrating.

March 2014 marked the end of a series of events held by the Truth and Reconciliation Commission of Canada in Edmonton, Alberta (Walker, 2014). Officially established on June 2 2008, the Truth and Reconciliation Commission of Canada was developed as a five year mandate by a TRC secretariat with the Government of Canada that seeks "to inform all Canadians about what happened in Indian Residential Schools" and "hopes to guide and inspire Aboriginal peoples and Canadians in a process of reconciliation and renewed relationships that are based on mutual understanding and respect" (Truth and Reconciliation Commission of Canada, August 2015). This process included public events to aide in the collection and witnessing of statements from residential school survivors to aide all Canadians in understanding a shared history. From the original statement events, additional events and projects have expanded to include a call for songs and poetry, a missing children project, and the public report of executive findings in closing events in Ottawa, May 31 to June 3, 2015.

There have been many interventions aimed at Aboriginal populations in a variety of helping professions and contexts (Finlay, Hardy, Morris, & Nagy, 2010; Gray, 1997; Herring, Spangaro, Lauw, & McNamara, 2013; Lu & Yeun, 2012.). Present day, there is increased interest and popularity in addressing Aboriginal sovereignty, respect, and reconciliation. Aboriginal youth are being given more mentorship and growth opportunities to contribute to both their personal success and the success of the greater Aboriginal community (Kielburger & Kielburger, 2014; Rodrigues, 2012; Sweetgrass, 2011).

When looking at Aboriginal Youth, the ability to capitalize on the resiliency of a young spirit and the momentum for change is something that needs to be explored further by program developers. This resiliency is outlined in Thurston et. al (2012) as an investigation of a particular sphere health with female Aboriginal Youth. The success of the research and its report illustrates the potential for hope and success to be experienced with this population to ensure a higher quality of life and a better future. Adelson and Lipinski (2008) released a report on ‘The Community Youth Initiative Project’ where a safe place for play, services, empowerment, and self-discovery was provided to “combat the destructive effects of unresolved traumas originating primarily from the legacy of the Residential Schools and its Intergenerational impacts” (p. 11). Similarly, an intervention manual outlining conduct of investigation for programming towards Intergenerational Trauma and Aboriginal Youth was created by Noormohamed et al. (2012) to provide a basis of justification for intervention in this vein.

Concern about the next generation, Aboriginal Youth, and their resiliency towards this cycle of Intergenerational Trauma seems to be a logical step in addressing the past collective traumas of these people. These concerns are echoed in the sentiments of this research where there is an identified need to help Aboriginal Youth work through and heal Intergerational Trauma, so that it can carry transformed meaning and create a new narrative for the future of them and their descendants. Looking at the specific combination of Canadian Aboriginal Youth, Intergenerational Trauma, and Drama Therapy, there are few pieces that explicitly address all three. The interest, however, seems to be present as there are several unpublished dissertations that look at a variation of this issues from recent years (Fontaine, 2010; Machele, 2006). The following section will explore the intersections of these issues and pathways for dialogue and action as it pertains to this research.

Chapter 4. Interconnections between Drama Therapy, Intergenerational Trauma, and Aboriginal Youth

It can be seen through the various sources discussed (Munich, 2013; Statistics Canada, 2008; Statistics Canada, 2013) that the need for intervention persists as not only a matter of spiritual and psychological healing, but also one that involves health on a level of survival and quality of life:

Many Aboriginal peoples suffer from intergenerational trauma caused by more than 400 years of systematic marginalization. According to Gagne, intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. Brave Heart explored the concept of intergenerational trauma in her study of the Lakota people. She concluded that most participants in the study displayed many symptoms related to trauma, and agreed with other researchers that trauma experienced by more than one generation becomes institutionalized within the family and community. This type of group trauma, both cumulative and psychological, can have a profound impact on health and has been proven to affect not only the lifespan of an individual but the lifespans of generations that follow (Marsh, Coholic, Cote-Meek, & Najavits, 2015, p. 2).

We can continue to find this need when reviewing additional literature where “...the idea that the accumulation of collective stressors and trauma that began in the past may contribute to increased risk for negative health and social outcomes among contemporary Aboriginal peoples” (Bombay, Matheson, & Anisman, 2014, p. 321).

There are multiple instances in present day that illustrate the complexities of intervention concerning Intergenerational Trauma and Aboriginal peoples. McKenna and Wood (2012) propose that creating a shared identity on a unified and global stage can combat the alienating nature of educational systems felt by the world’s indigenous people to bring them together. This acknowledges “multiplicities of being” (McKenna and Wood, 2012, p. 34). Hamber (1995) looks at truth recovery process, similar to that of which Canada is currently undertaking in the TRC (2010), where past conflicts are reconciled by giving a platform for story telling. This is process, however, is seen as problematic because in reconciliation “realistically, all expectations in this will never be met” (Hamber, 1995, p. 6). This is echoed for the current climate in Canada by the Aboriginal Healing Foundation (2008) where the concept of healing is proposed as an ongoing process where no one is ever completely healed. A multi-ethnic consciousness is

encouraged (Lewis, 1997) to adequately address therapeutic limitations of working with these traditionally othered populations and achieving a level of healing.

Suggestions and considerations for future intervention construction come from many different fields. Narratives (Dunne, 2009; Leveton, 2010), stories (Yaniv, 2014) and story-telling (Poonwassie, 2006) are emphasized as viable approaches to therapeutically addressing trauma. Witnessing is understood as a process central to both Drama Therapy and Aboriginal culture. Volkas (2009) suggests that the ability to work in a multicultural dialogue is perhaps the most appropriate way to create empathy towards the other in cases of an extreme corrupt history together. There are particular Canadian Aboriginal groups, such as the Métis people, that hold both stories of victim and perpetrator in the trials of the residential schools. Would this be a fruitful opportunity to address this trauma more transparently in intervention and make one such embrace the multitude of possible differences on the spectrum of Aboriginal youth? Volkas illustrates this by posing the dilemma of personal and collective psyche (Volkas, 2009, p. 145).

Where do we find the intersection between Drama Therapy, Intergenerational Trauma, and Aboriginal Youth, then? “It is difficult, and rare, to respond in a new way to an old situation in life. It is not as difficult to respond in a new way to the same situation in a dramatic scene. The experience of the new response in the scene facilitates such a response in real life. Dramatic options, often discovered in a moment of spontaneity, can become life options” (Emunah, 1994, p. xiv). Drama Therapy offers the ability to create new responses and new understandings of repeated motives in one’s life. “Considering the significant roles that trauma plays in the lives of first nations peoples, it is important to identify mechanisms by which the cycle of trauma and stress repeats itself across generations in order to intervene and preclude the intergenerational cycle” (Bombay, Matheson, & Ainsman, 2014, p. 7). A need then, has been expressed, to help the cycle of trauma to stop repeating. Here, we take the stance of viewing Aboriginal Youth as characters of resiliency and instruments of change.

There must be something said for the significance of Aboriginal Youth as the target population in this intervention dialogue. Though the youth of today are not the ones who directly experienced the colonization, they are now the ones who face current challenges of getting stuck in this trauma cycle. It could be argued that Aboriginal Youth are, in fact, the most colonized and removed from their original heritages – they seek to navigate through the same obstacles of any millennial with additional questions and burdens. For example, they

predominantly speak a language different from that of only a few generations preceding them. How does this effect interactions within their family systems? As a result, is there a sense of disconnection from family, culture, identity? Do they seek to actively change the scenario or are they themselves having difficulty navigating through the stereotypes of Aboriginal and the contemporary Anglo-Christian-Caucasian majority?

The parents of today's Aboriginal Youth were the first, or in some cases second, generations to be raised by those who had undergone direct experiences of colonization, including residential schools. "Due to federal policies such a residential schooling, trauma is conceptualized as a collective experience within many Indigenous families and communities" (Reeves & Stewart, 2014, p. 58). Speaking of these parents, we must not forget that due to the Intergenerational nature of this trauma, there are multiple generations to address in the healing process. "When our therapy has brought the parent to remember and re-experience his childhood anxiety and suffering, the ghosts depart and the afflicted parents become the protectors of their children against the repetition of their own conflicted past" (Fraiberg, Adelson, & Shapiro, 1975, p. 421). What experiences of their own childhood suffering have parents of today's generation of Aboriginal Youth brought to the table? We need to ask these questions in order to create a space for such traumas to be addressed.

"Drama liberates us from confinement, be it socially or psychologically induced. The dramatic moment is one of emancipation" (Emunah, 1994, p. xiii). The Aboriginal peoples appear to be seeking emancipation from the chains that history has bound upon them. Drama Therapy is an appropriate way to assist them in this process. We see that there is a thirst for the range of emotions to be expressed. The advantage that a Drama Therapist has in facilitating intervention is knowing how to invoke these emotions in different capacities or roles as they pertain to the individual and joint experience. Something that will make this sharing safe is the Drama Therapeutic process of distancing as discussed by Jones (2007) and referenced earlier in this paper. The ability to modulate an experience of emotion and externalize the internal, displacing it from the person to something outside of them, assists in the confrontation of something that can traditionally be seen as overwhelming and scary. In an attempt not to overwhelm a participant, the ability to come back to, to play with, and to transform will be able to strip the trauma of its grip and experience a new meaning.

The idea of a secondary narrative, one of survival, as inspired by Dunne in Leveton (2010) and Dunne (2009), also has a need for integration in intervention. As illustrated in HTWOH, Volkas (2009) has made a necessary step in his intervention where there is a collective grieving that is followed by creation of integration performances and rituals of remembrance. “Cultivating a frame of mind where experiences of joy, intimacy, pleasure, and love are considered to be as worthy of therapeutic attention as negative experiences can be of great assistance in promoting momentum toward psychological health” (Lieberman et al., p. 517). It is equally worthy of emphasis in any intervention that deals with trauma to offer an opposing life perspective as a means of strength, positivity, and a reminder of hope. When dealing with this population which so often gets handed the story of the audacious traumas that have been done to them, we MUST remember an equally compelling story of joy, and one of pleasure, and another of love. This will help to uncover real truth and in the sharing of that truth, make the meaning of suffering and hurt be truly seen in the potential of healing.

In HTWOH, Volkas (2009) also reminds us that there is a perpetrator in every person and under extreme circumstances all people have the capacity to act in an inhumane manner. This is a principle that needs to be explored thoroughly by those wanting to really address the trauma of the residential schools and colonization towards the Aboriginal peoples. There does seem to be a lack of empathy towards those colonizing powers in some literature. For example, in this excerpt from the Truth and Reconciliation Executive Report (2015), it is explicitly implying a hierarchy of values, one which refers to now, in hindsight, as the Aboriginal peoples cultural significance being greater than those of Anglo-Christian-Caucasian colonizers:

“Colonization was undertaken to meet the perceived needs of the imperial powers. The justification offered for colonialism – the need to bring Christianity and civilization to the Indigenous peoples of the world – may have been a sincerely and firmly held belief, but as a justification for intervening in the lives of other peoples, it does not stand up to moral, legal, or even logical scrutiny” (Truth and Reconciliation Commission of Canada, p. 53, 2015).

We are placing importance on the cultural teachings of groups and what that means to their belief system, values, way of life. If we uphold that the Aboriginal peoples way of life and belief is significant and their own truth, than we must also have the same considerations for those in colonizing populations - the only difference being that those in the missionary ensembles were

actively seeking to impose their beliefs upon others. Do we still see this structure remain in our modern society? If so, where and how is it addressed? And how might we look on all Canadian cultures with empathy and understanding in an attempt to create meaning with Aboriginal Youth from past experiences that now have continuous, long-lasting effects?

“Further evidence of this assault on Aboriginal identity can be found in amendments to the *Indian Act* banning a variety of cultural and spiritual practices. The two most prominent of these were the west-coast Potlach and the Prairie Thirst Dance (often referred to as the “Sun Dance”)” (Truth and Reconciliation Commission of Canada, p. 59, 2015). There is a significant role that art has played in the cultural and historical landscape of the Aboriginal peoples, which evidently has been used as a way of stripping away, and maintaining Aboriginal identity. “The erosion of cultural identity and the accompanying loss of self-worth brought about in part through assimilationist policies have played a central role in the social strife now faced by many families and communities” (Shepard, O’Neill, & Guenette, p. 227, 2006). This intervention creation will accompany the TRC’s goal of healing. Drama, and all Creative Arts Therapies, recognize that there is something intrinsic about art and its presence and shared creation and representation that makes it healing in nature.

Coming from a Drama Therapy perspective, how can there be appropriate emphasis on the resiliency witnessed in traditional art practices when telling the stories of survivors who seek to move forward and share that story? Is there a way that we can tell a new story of how the culture of the colonization has changed the original manuscript for the way of living but how the Aboriginal peoples can continue to move forward as a collective? We must learn to regain a sense of Aboriginal society and identity on a deeper level to combat the social strife and hardship that is being enacted on a routine basis by all parties towards these peoples.

There may be many experiences that are held by Aboriginal Youth that are not recognized as related to trauma. There is an additional responsibility to assist in the understanding of the experience of Aboriginal Youth from a psychoeducational perspective so that blame is taken off of the population and on to the situation. Fraiberg, Adelson, & Shapiro reference this significance by saying “It will be safe with me to speak of the frightening memories and thoughts, and when you speak of them you will no longer need to be afraid of them; you will have another kind of control over them” (1975, p. 412). By taking inspiration from the original mandate of TRC’s intervention of collecting stories, we can now drive the

momentum towards the search for other stories, sharing of multiple narratives, playing with the role that trauma in the case of victim and perpetrator might ensue, and having a co-creation to move forward with a new, shared understanding.

Chapter 5. Recommendations for Intervention Creation

Canada looks to the TRC and their associated works to find direction when addressing issues involving the cultural genocide and colonization of Aboriginal peoples that have been part of it's historical development. As of August 2015, the Executive Summary (The Truth and Reconciliation Commission of Canada, 2015) released from it's manuscript, 94 calls to action in order to acknowledge, address, validate, serve, and rectify; in short, to *reconcile* past actions that have impacted the Aboriginal peoples. Taking these into consideration, we see that perhaps the most valuable recommendations when creating interventions include, respectively, articles 19, 40, 53iv, 55, and 66 (The Truth and Reconciliation Commission of Canada, 2015):

19) We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long- term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services. (pp. 396)

40) We call on all levels of government, in collaboration with Aboriginal people, to create adequately funded and accessible Aboriginal-specific victim programs and services with appropriate evaluation mechanisms. (pp. 399)

53) We call upon the Parliament of Canada, in consultation and collaboration with Aboriginal peoples, to enact legislation to establish a National Council for Reconciliation. The legislation would establish the council as an independent, national, oversight body with membership jointly appointed by the Government of Canada and national Aboriginal organizations, and consisting of Aboriginal and non-Aboriginal members. Its mandate would include, but not be limited to, the following... iv. Promote public dialogue, public/private partnerships, and public initiatives for reconciliation. (pp. 402)

55) We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to: i. The number of Aboriginal children—including Métis and Inuit children—in care, compared

with non- Aboriginal children, the reasons for apprehension, and the total spending on preventive and care services by child-welfare agencies; ii. Comparative funding for the education of First Nations children on and off reserves; iii. The educational and income attainments of Aboriginal peoples in Canada compared with non- Aboriginal people; iv. Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services; v. Progress on eliminating the overrepresentation of Aboriginal children in youth custody over the next decade; vi. Progress on reducing the rate of criminal victimization of Aboriginal people, including data related to homicide and family violence victimization and other crimes; and vii. Progress on reducing the overrepresentation of Aboriginal people in the justice and correctional systems. (pp. 403)

66) We call upon the federal government to establish multi- year funding for community-based youth organizations to deliver programs on reconciliation, and establish a national network to share information and best practices. (pp. 406) (The Truth and Reconciliation Commission of Canada, 2015)

Drawing inspiration from these articles, the researcher seeks to establish a model where Drama Therapy could be effectively applied to Intergenerational Trauma, such as that which TRC seeks to address, for Aboriginal Youth. Given the confinements of the nature of this research, we are only able to frame the essential elements necessary from Drama Therapy, Intergenerational Trauma, and Aboriginal Youth points of intersections that should be included in a potential intervention. Now, we will look at combining aspects of existing models of care that address the key issues presented: one that looks at traditional aboriginal culture as an offering for Aboriginal Youth; one that looks at a contemporary exploration of Intergenerational Trauma; and one that looks at intergenerational issues in Drama Therapy. Following, we will define a potential intervention creation that looks to integrate these interventions in a meaningful way in order to address the issues at hand.

The model of care that we see proposed in Figure 1 is that of the Aboriginal Medicine Wheel. “The medicine wheel symbolizes the interconnection of all life, the various cycles of nature, and how life represents a circular journey” (University of Ottawa, 2009). For a traditional

healer, an imbalance in one of the four domains represented could manifest as having an impact on health decisions and resulting in lack of wellness in one of this areas. The circular nature of the medicine wheel symbolizes no beginning and ending to the cycle of life, but rather an interconnectivity of all aspects. This figure is relevant because of it's broad application in traditional and contemporary Aboriginal culture, its prevalence throughout modified local practice adaptations, and it's ability to address multiplicities of health and wellness issues as being intertwined and complex.

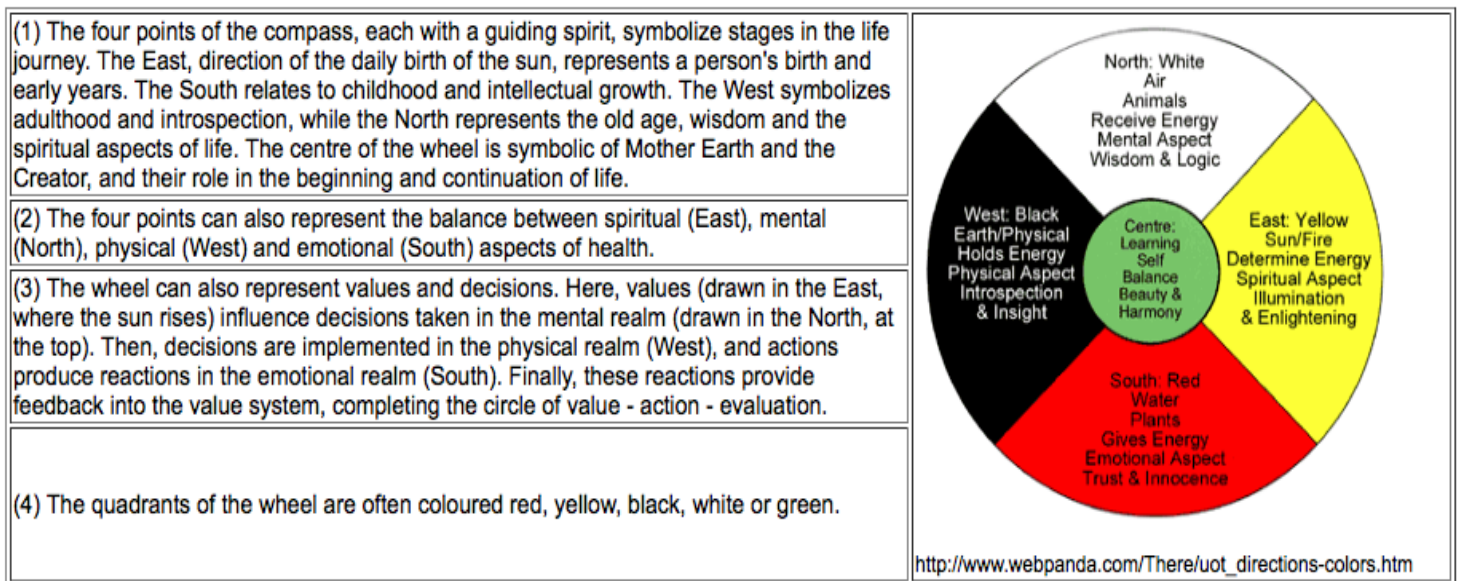


Figure 1: The Aboriginal Medicine Wheel (University of Ottawa, 2009)

To start the combination of intervention models, we must see how the Aboriginal medicine wheel can be relevant and integrated when fused with Drama Therapy. Recall Phil Jones's (2007) eight core processes that are used as a guide to establish the presence of Drama Therapy in intervention and practice. Does the usage of the Aboriginal medicine wheel allow flexibility in ensuring these eight core processes are present? The Aboriginal medicine wheel is incorporated into this intervention creation to ensure that each realm of wellness is being looked after. These correspond to potential explorations of Drama Therapeutic core processes as follows:

Spiritual: dramatherapeutic projection; dramatherapeutic empathy and distancing; play; life-drama connection; transformation

Mental: dramatherapeutic projection; dramatherapeutic empathy and distancing; role play and personification; audience and witnessing; play; life-drama connection; transformation

Emotional: dramatherapeutic projection; dramatherapeutic empathy and distancing; play; life-drama connection; transformation

Physical: audience and witnessing; embodiment and dramatization of the body; role play and personification

Assuming that these processes can be meaningfully integrated with a culturally appropriate model of care, we may now look at integrating intervention that looks at Intergenerational Trauma. In “Intergenerational Trauma from a Mental Health Perspective”, Peter Menzies (2010) seeks to study issues related to homeless Aboriginal men within four domains of individual, family, community, and nation. While this model is made with the Aboriginal men of Canada as target clients, the knowledge is translatable in our case to see how the effects of Intergenerational Trauma may serve as an idea for manifestation of what happens when such trauma is not addressed. What is significant about this intervention is that it looks at a target issue (homelessness) by using spheres of nation, community, family, and individual domain (Menzies, 2010). These represent the many levels that Intergenerational Trauma is transmitted through the identity of a person. We will use nation (N), community (C), family (F), and individual (I) as a way to dissect each level of our intervention creation in an attempt to track the cycle of trauma and which sphere each step is seeking to change

As a way to incorporate issues of Intergenerational Trauma as approached by Drama Therapy, we now draw upon Armand Volkas’ HTWOH (2009) to ground our intervention creation. Recall Volkas’ six step process where there is breaking the taboo of silence; humanization of the other through stories; exploration and owning of potential perpetrator; grieving together; creation of integration performances and rituals of remembrance; and extending learning outwards (2009). Because our intervention seeks to only address the impact of intergenerational trauma as it pertains exclusively to Aboriginal Youth, we will adapt this model to become more specific to one population. To this, we will add in order to ensure that all spheres of Intergenerational Trauma as articulated by Peter Menzies (2007) are being explored. Here, we add two more steps to bookend the intervention process: Invitation to culture in opening ritual and mentorship and parenting. Invitation to culture in opening ritual seeks to use traditional Aboriginal customs of welcome and ceremony to provide a reinforcing of frame of intervention in a sacred space. Mentorship and parenting plans to extend intervention into I,F,C, and N (spheres by extending and revisiting the intervention outwards throughout life stages.

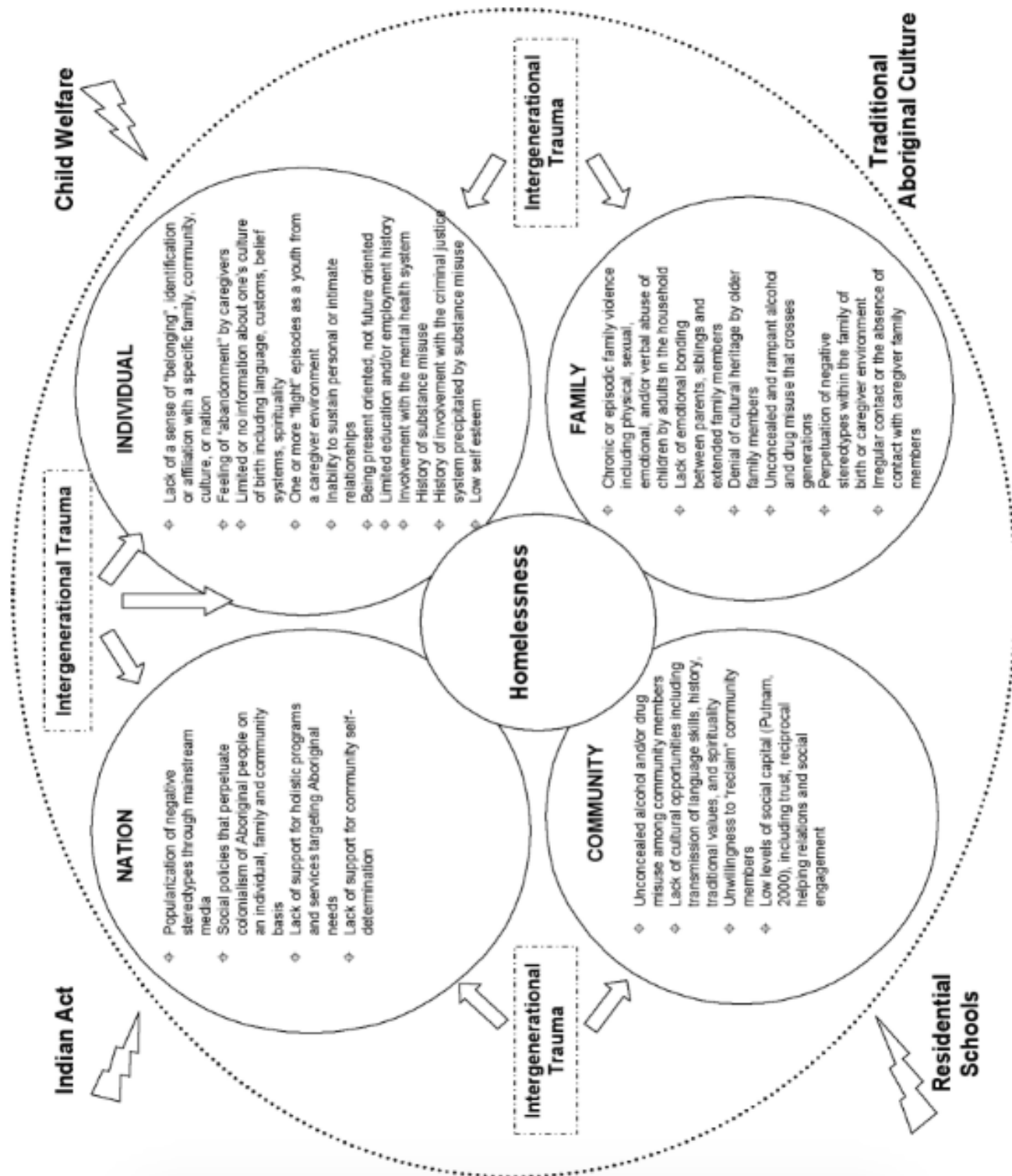


Figure 2: The Intergenerational Trauma Model (Menzies, 2010, p. 78)

Using the combined guiding principles of Phil Jones’ (2007) dramatherapeutic factors, Armand Volkas’ HTWOH (2009), The Aboriginal Medicine Wheel (University of Ottawa, 2009), and Peter Menzies’ “The Intergenerational Trauma Model” (2010), we can create a frame for which a Drama Therapy intervention is used to address Intergenerational Trauma in Aboriginal Youth. This blending of intervention principles for multiple domains of expertise will seek to accomplish the goals of TRC’s call to action (2015) as outlined earlier in this section. Explicitly, this will be done by: 1) consultation with Aboriginal Youth and respective stakeholders to devise a plan of action to close the gap in health outcomes between Aboriginal and non-Aboriginal communities; 2) creating funding for permanent placement of such interventions; 3) promoting public programming, partnerships, and initiatives towards reconciliation; 4) developing intervention specifically focused on Aboriginal Youth, and to the extension of that, child, health, wellness, and prevention toward effects of Intergenerational Trauma; and 5) contributing to national network of youth oriented practices in this vein.

		1	2	3	4	5	6	7	8
C	i) Invitation to culture in opening ritual		x		x	x	x		
C	ii) Breaking silence and addressing stigma			x	x		x		
	iii) Client-centered humanization through story sharing	x	x	x	x	x	x	x	X
F	iv) Exploration of Intergenerational Trauma with victim/perpetrator exploration	x	x	x	x	x	x	x	X
C	v) Collective grieving and acknowledgment		x		x	x			
I	vi) Creation of new art and exploration of past art	x	x	x	x	x	x	x	X
N	vii) Extension of learning outwards	x	x		x		x	x	X
All	viii) Mentorship and parenting			x	x	x		x	X

Figure 3: The Elements of Proposed Intervention

Figure 3 is now provided as a visual aid in explaining proposed the suggested intervention creation. It should be noted that as this paper seeks to create an idea of intervention and not a manual of practice, the model is intended to be used a starting point of conversation into action. On the far left, symbols of I, F, C, N as representations of Peter Mezie’s “Intergenerational Trauma Model” (2010) are provided as a means to indicate which sphere each

step targeted in intervention progression. The central column represents an adaptation and extension of the six-step intervention in HTWOH (2009). These eight steps would be carried out in the numerical order presented as a means for expansion of therapeutic motivation and discovery of safety of space within the therapeutic frame. This step-wise process has focus on the target issue of Intergenerational Trauma exploration with Aboriginal Youth, as well as an equal emphasis throughout on the new discovery of meaning and narrative integration with celebrations of cultural identity. The emphasis and influence of HTWOH are seen most prominently in steps ii) to vii) with appropriate adaptations to address the one cultural group, vis-à-vis Aboriginal Youth.

Running across the top of Figure 3 are numbers 1, 2, 3, 4, 5, 6, 7, and 8. These numbers correspond to Phil Jones' eight core processes of Drama Therapy, respectively: projection (1) ; empathy and distancing (2) ; role play and personification (3) ; audience and witnessing (4); embodiment (5); play (6); life-drama connection (7); and transformation (8). We incorporate the presence of such factors to ensure Drama Therapeutic relevancy is present throughout all steps of intervention. As identified by the researcher, the presence of such core process is indicated by an "x" as it is found in each step. Using the inspiration of the Aboriginal medicine wheel, we can also incorporate cultural celebration into the use of Drama Therapy in this intervention. For example, setting up a space that corresponds with each quadrant of the medicine wheel as a symbol of the separate spheres of healing (I,F,C,N) and moving through each quadrant as each step is discovered in intervention is one idea.

We can also strive to integrate additional Drama Therapy practices to aid in intervention model creation. For example, incorporating native American traditional rituals such as homecoming ritual, ceremonial fire, tree planting, and sweat lodge have been added in drama therapy interventions to make them population specific(Johnson, Feldman, Lubin, & Southwick, 1995, p). Perhaps the works of playback theatre or psychodrama would be something worth considering for a more long-term care of intervention method, rather than one isolated implementation. The researcher, however, desires that anything that be brought to the Aboriginal peoples hold the promise of meaningful and sustainable change. What are ways that this can be done? Identifying key stakeholders in communities, locating gatekeepers, dialogue with community leaders and various groups would all provide an established network where further cautions against bias and ongoing consultation could be met. For Aboriginal Youth, this

means seeking out places and contexts, specifically outside of the education environment, that actively will illustrate the second story? word? of strength, resilience, and survivor.

Conclusion

This research paper aimed to summarize a rigorous theoretical investigation that the researcher carried out by exploring the question: How can Intergenerational Trauma experienced by Aboriginal Youth be addressed within the context of Drama Therapy? Several definitions of Drama Therapy as a modality were provided, all with the common thread of therapeutic intervention through healing with the dramatic art form. Seminal constructs, including Phil Jones' (2007) core processes and Armand Volkas' (2009) HTWOH were provided as foundation for justification of potential future intervention that addressed the research question. A brief explanation of trauma was then established, with an expansion to the context of Intergenerational Trauma. This was explored and substantiated through an attachment-oriented lens with emphasis on emotional attunement, regulation, and interpersonal relationship.

An examination of a history of the Aboriginal peoples of Canada concluded the literature review. This supplied snapshots of systemic obstacles being faced by this population and specifically spoke to the actions of the TRC in their efforts to acknowledge and make right past wrongs. Aboriginal Youth were then introduced as a prospective population that could offer a change in the cycle of Intergenerational Trauma being experienced and an opportunity for resiliency and hope for the future. A discussion of the points of intersection regarding Aboriginal Youth, Intergeneration Trauma, and Drama Therapy for appropriate intervention means was then explored. Here, there were moments of illumination that spoke to the capacity of Drama Therapy to be a fruitful means to intervention through its ability to be witness to, play with, and transform narrative for both the individual and the collective group.

Finally, two models of healing through traditional (University of Ottawa, 2009) and contemporary (Menzies, 2010) lenses were brought forth. These, taken into account with Phil Jones' eight core processes of Drama Therapy (2007) and the precise steps of Armand Volkas' HTWOH (2009) were then adapted and transformed into a dynamic matrix. This matrix sought to provide a possibility for a future Drama Therapy intervention that addresses the literature and it's concerns for calls to action, as provided by the TRC (2015). The knowledge gained throughout this research clearly points to the need for and the framing of a Drama Therapy

intervention, and has been done in the spirit of contributions that we hope to offer the community of Aboriginal Youth in the future, by way of building a better future for all.

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